gap/2167

FORM PTO-1083



81754.0057

UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tsuyoshi YOKOTA, et al.						Art Unit: 2167 Examiner: Not Assigned							
Serial No: 09/821,730 Filed: March 28, 2001 For: INVENTORY ALLOCATION MANAGEMENT METHOD AND INVENTORY ALLOCATION MANAGEMENT SYSTEM						I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents Washington D.C. 20231, on January 9, 2002							
Commissioner for Patents Washington, D.C. 20231						Date of Deposit Ying Chen, Reg. No. P-50,193 Name January 9, 2002							
	ear Sir:				Signal	ure			Date				
Transmitted herewith is an Preliminary Amendment in the above-identified application. Small entity status has been claimed. See 37 CFR § 1.27. A certified copy of Patent Application No filed from which priority is claimed under 35 U.S.C. § 119 is enclosed.													
A clean copy of a substitute specification is enclosed. No additional fee is required. RECEIVED													
The fee has been calculated as shown below:						40-1	a \		_	FEB	04	12002	
		(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBE PREVIOUSLY PAID I		(Col. 3) PRESENT EXTRA*		LG/SM \$ ENTITY FEE		Græ	# #5	100	
	TOTAL CLAIMS FEE	45	-	37	**	8		LG=\$18 SM=\$9	\$18	\$	144		
	INDEPENDENT CLAIMS FEE	6	-	4	***	2		LG=\$84 SM=\$42	\$84	\$	168		
	FIRST PRESENTATIO	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140							
	TOTAL								\$	312			
 If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed. A check in the amount of \$ 312 to cover the additional claims fee is enclosed. A copy of this sheet is 													
enclosed. A check in the amount of \$ to cover the extension fee is enclosed. A copy of this sheet is enclosed.										is			
The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed. ☐ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims ☐ Any patent application processing fees under 37 C.F.R. § 1.17											nis is		
				submitted ARTSON									
Date: January 9, 2002					X Char		_				_		
Biltmore Tower 500 South Grand Avenue, Suite 1900 Telephone: 213 337-6700 Facsimile: 213 337-6701				Ŗé		on No. Por Applic							